

WILLIAM HAMMOND ON HYSTERIA

Hysteria contributes absolutely nothing to the science of morbid anatomy. The brain, the spinal cord, the sympathetic nerve, give no evidence of its former presence. It is true, hysteria very rarely causes death, but hysterical patients have died of intercurrent affections, and postmortem examinations have been made, and nothing which could reasonably be regarded as the essential cause of the disease has been found. Several of the older writers imagined that they had discovered the lesion in the genital organs, in the stomach and intestines, in the brain, and even in the spleen; but modern research teaches us differently. At present, then, we are in total ignorance of the character of the lesion. From the symptoms, which are so obviously indicative of disordered brain and spinal cord, I have felt myself justified in classing it provisionally at least among the cerebrospinal diseases.

The pathology or morbid physiology of hysteria is beginning to be better understood as our knowledge of the cerebral and spinal actions becomes more complete. Looking at the brain as a complex organ evolving a complex force—the mind—we can understand the possibility of certain parts of it becoming disordered, as regards excess, diminution, or quality, in the results of their actions. We have seen, under the head of insanity, that the mind is made up of certain subforces—the perception, the intellect, the emotions, and the will—and that these, when disordered, constitute varieties of insanity, which are easily recognized.

Hysteria essentially consists in the predominance of the emotions over the intellect, and especially over the will, and this exaltation may be so intense as to interfere with the sensibility of various parts of the body, or to derange the contractility of muscles.

At the same time, in the paroxysms of the disease, the reflex and automatic functions of the spinal cord are involved to a great extent.

We daily witness examples of the influence of emotions on sensibility and motility. Fear renders the sensibility more acute and produces trembling, which is simple clonic spasm; grief causes tonic contractions of the muscles; surprise, terror, or horror, paralyzes them; joy or anger destroys sensibility to pain, and so on.

At the same time that there is this exaltation of emotional power in hysteria, the power of the will is not only relatively but is absolutely diminished. The two factors, acting together steadily and persistently, induce many of the manifestations of hysteria. The disease is, therefore, a partial insanity—an insanity, however, in which the patient does not entirely lose the power of control, and which is capable of being overcome by the voluntary effort of the patient, provided a sufficient stimulus to normal volition be brought to bear. It thus happens that, through the influence of such stimulus, every symptom of hysteria disappears as if by magic.

The spinal cord is often secondarily affected, and it is likewise frequently primarily involved. The gray or the white substance, the posterior or the antero-lateral columns may be implicated, the symptoms varying accordingly. Through the spinal cord, in its abnormal condition, we have the convulsions of various kinds, the spasms, contractions, and the paraplegic phenomena connected with motion and sensation.

As to the influence of the vaso-motor system, though I admit its existence, I am convinced that it is simply a link in the chain, and is secondary to the emotional disturbance already mentioned.

Treatment. No cases are so well calculated to test the patience and tact of the physician as those of hysteria. For he has an affection to deal with which not only requires proper medical treatment, but in which he must often exert the highest mental qualities, in order to cure the disease. A great deal, therefore, depends on the knowledge of human nature and the force of character of the physician; and it is doubtless owing to this fact that some physicians, with all their medical knowledge, fail in curing hysterical affections, while others, with no superior science, succeed at once.

The first thing to be done is to gain the confidence and, what is of still greater importance, the respect of the patient. Having done this, any treatment, moral or medical, calculated to relieve her, will be much more apt to produce the desired effect.

During the period between the paroxysms, the treatment must be directed mainly against symptoms. If the patient can be made to believe that her case is thoroughly understood, that she is not suspected of shamming, and that with her assistance the hyperaesthesia, or anaesthesia, or paralysis, will be removed, the effect which is desired

will probably be produced. For putting an hysterical patient into a proper frame of mind, I know of nothing equal to the bromides, of either potassium or sodium, given in large doses, repeated three or four times a day, till the full effect is obtained. This, of itself, will generally relieve hyperaesthesia wherever it may be seated, and the influence over the mental phenomena of the disease is usually very decidedly shown.

If anaesthesia be the prominent condition, electricity is to be used, and it is almost a specific. I have never seen a case of hysterical anaesthesia resist it. A few days ago, I was consulted by a young lady who was entirely anaesthetic over the whole of the surface of one side of the body, and who had suffered for several weeks. Three applications of the induced current through the wire brush, which was passed, at each seance, over the whole anaesthetic region, entirely cured her.

For hysterical paralysis, strychnia and phosphorus are the best internal remedies. They may be taken together . . . and rarely fail to produce a cure. Their effect is, however, greatly increased by the use of electricity, both of the primary and induced forms—the first being applied to the spine, and the latter to the paralyzed muscles.

In cases of spasm, I prefer the bromides, internally, and the primary galvanic current, applied to the contracted muscles.

Visceral derangements are best treated by strychnia and phosphorus, as recommended for paralysis. Counter-irritation, in the form of blisters, is almost always of service. For gastric difficulties, the subcarbonate of bismuth, in doses of fifteen or twenty grains, after each meal, will generally prove of service. In a very obstinate case of hysterical vomiting, recently under my charge, every thing failed but hydrocyanic acid.

Hysterical paroxysms are best treated with ether or chloroform, administered by inhalation. Recently I have repeatedly used the hydrate of chloral, but it has not in my hands been as speedy or as effectual in its action as either of the other agents. I give them to the extent of producing complete insensibility, and repeat them again and again, if there are any evidences of a return of the seizure. Whether in the purely emotional paroxysms or those characterized by muscular spasms of various kinds, or any possible combination, nothing is equal, according to my experience, to ether or chloroform by inhalation. I have tried every other known means, from cold water, dashed in the

face, to moral suasion, and none of them are comparable to ether or chloroform.

But, for the dissipation of the hysterical tendency, long continued treatment is necessary. Medicines which are ordinarily regarded as antispasmodics, such as valerian, assafoetida, musk, and the like, I have never seen produce any benefit in any form of hysteria, and, for the purpose of causing any radical change in the organism, they are worse than useless. As medicines for this object, I know of nothing superior to phosphorus, in some one of its forms, and strychnia. They should be taken for months in small doses, and should be supported by all hygienic measures calculated to improve the tone of the system. Travel is of inestimable advantage, and, above all, association with persons of both sexes, whose intellects control their emotions, and who are endowed with sound common-sense and that tact and knowledge of human nature which, for the purposes of everyday life, are of more value than many other quantities often ranked above them.

It is, perhaps, scarcely necessary to state that the society of other hysterical persons must be rigidly eschewed, and that even the casual meeting with such individuals is dangerous.

Hammond, William A.: *A Treatise on Diseases of the Nervous System*. Fourth edition. New York, Appleton, 1873, pp. 632-36.